

**CITY OF EL PASO, TEXAS**  
**DEPARTMENT HEAD'S SUMMARY REQUEST FOR COUNCIL ACTION (RCA)**

**DEPARTMENT:** Building Permits & Inspections

**AGENDA DATE:** March 15, 2005

**CONTACT PERSON/PHONE:** R. Alan Shubert, P.E.

**DISTRICT(S) AFFECTED:** 6

**SUBJECT:**

**APPROVE** a resolution / ordinance / lease to do what? **OR AUTHORIZE** the City Manager to do what? Be descriptive of what we want Council to approve. Include \$ amount if applicable.

**Refund for Juanita Villarreal (Water Oasis) in the amount of \$60.00 (Sixty Dollars and 00/100) Business is in the Socorro City area and is under the Lower Valley Water District.**

**BACKGROUND / DISCUSSION:**

Discussion of the what, why, where, when, and how to enable Council to have reasonably complete description of the contemplated action. This should include attachment of bid tabulation, or ordinance or resolution if appropriate. What are the benefits to the City of this action?

**Refund for Juanita Villarreal (Water Oasis) in the amount of \$60.00 (Sixty Dollars and 00/100) Business is in the Socorro City area and is under the Lower Valley Water District.**

**PRIOR COUNCIL ACTION:**

Has the Council previously considered this item or a closely related one? If so, when?

N/A

**AMOUNT AND SOURCE OF FUNDING:**

How will this item be funded? Has the item been budgeted? If so, identify funding source by account numbers and description of account. Does it require a budget transfer?

**\$60.00 (Sixty Dollars and no/100) from account 404111**

**BOARD / COMMISSION ACTION:**

Enter appropriate comments or N/A

N/A

\*\*\*\*\*REQUIRED AUTHORIZATION\*\*\*\*\*

**LEGAL:** (if required) \_\_\_\_\_ **FINANCE:** (if required) \_\_\_\_\_

**OTHER:**

(Example: if RCA is initiated by Purchasing, client department should sign also)

*Information copy to appropriate Deputy City Manager*

**APPROVED FOR AGENDA:**

**CITY MANAGER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# CITY OF EL PASO

## BUILDING PERMITS AND INSPECTIONS DEPARTMENT

### REFUND REQUEST FORM

☒ Individual

☒ Company

☐ Other

NAME:

Juanita Villarreal (Water Oasis)

ADDRESS:

CITY:

STATE:

ZIP CODE:

TELEPHONE #:

SOCIAL SECURITY #:

Please complete the following if a company, corporation, etc. is requesting the refund:

CONTACT NAME:

Juanita Villarreal

TITLE:

Owner

TELEPHONE #:

FAX #:

FIN (FEDERAL ID #):

REASON FOR REQUEST:

Business (Water Oasis) is in the Second City and is under the Lower Valley Water District

SIGNATURE OF RECIPIENT:

Juanita Villarreal

DATE: 3-4-05

DO NOT WRITE BELOW THIS LINE TO BE COMPLETED BY BUILDING PERMITS AND INSPECTIONS DEPARTMENT

VENDOR #

DEPARTMENT ID #

ACCOUNT #

FUND #

CLASS #

VOUCHER #

REQUESTED BY

PHONE #:

DATE:

APPROVED BY:

DATE:

Building Permits and Inspections Director

Received Time Mar. 4. 3:07PM



# PLUMBING PERMIT

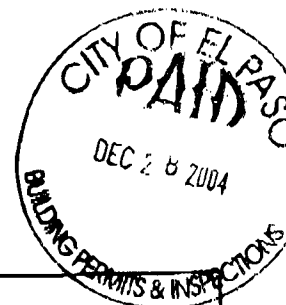
 PERMIT NO.: **PLM04-07430**

 APPLIED: **12/28/2004**

 ISSUED: **12/28/2004**

 EXPIRES: **6/28/2005**

SITE ADDRESS: **10005 ALAMEDA SUITE N**  
 ASSESSOR'S PARCEL NO.: **S5330000802150**  
 TYPE OF WORK: **Plbg CHP (Health) Permit**  
 TYPE OF USE: **Commercial**  
 PROJECT DESCRIPTION: **PLUMBING - CHP**



<b>OWNER/APPLICANT</b>  WATER OASIS 10005 ALAMEDA AVE STE N EL PASO TX 79927	<b>CONTRACTOR</b>  OWNER
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Plumbing Fixtures		Fees			
Fixture Type	Quantity	Type	By	Date	Amount
		PRMT	GT	12/28/2004	\$60.00
Total					\$60.00

1. This permit is issued in accordance with the provisions of Chapter 18.02 of the Municipal Code and the applicant, in accepting it, obligates himself to comply fully with all the provisions of the Municipal Code and other applicable codes and ordinances insofar as they affect this permit, including but not limited to, calling for all required inspections.

2. I hereby acknowledge that I have read this permit and state that the above information is correct, and agree to comply with all ordinances and state and federal laws regulating activities covered by this permit.

Issued by for the Building Permits & Inspections Director

1. Original 2. Customer 3. Cashier 4. Office

**24 Hour Notice Required For All Inspections**  
 541-4600 or 541-4700

Contractor's or Homeowner's Signature

*Sphn.com create profile*

577 2918

Received Time Mar. 4. 3:07PM